RECRUITMENT AND RETENTION
FRAMEWORK FOR RURAL DOCTORS

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Improving Rural Health Care
And the Working Lives of Rural Physicians

Rural communities across Canada face special challenges in health care. In particular, new doctor practice patterns and changing demographics have fostered instability in rural areas for more than a decade.

In the fall of 2003, Manitoba Health launched the Rural Physician and Health Services Review to provide recommendations to improve recruitment and retention of doctors in rural communities and to stabilize the delivery of health care services in the Assiniboine Regional Health Authority (ARHA).

Overseen by the Office of Rural and Northern Health, the review produced a report based on findings from consultations with rural doctors past and present, a review of the research literature on doctor recruitment and retention, and consultations with ARHA residents and community leaders.

The report's recommendations provide a prescription to ensure a stable supply of doctors for rural communities. To move these recommendations forward, Manitoba Health is launching a new Recruitment and Retention Framework for Rural Doctors. The goal of the framework is to ensure that Manitoba's rural communities can offer some of the most attractive rural practice opportunities in Canada. The framework will guide the Assiniboine RHA in its long-term planning.

Manitoba's new Recruitment and Retention Framework for Rural Doctors is based on the following nine principles:

1) Doctors should be on call no more than one day in five.

* In a rural community that can only support two doctors, supporting the local emergency room often requires a doctor to be on call every other day, an on-call rotation of 1:2. The Canadian Medical Association, the College of Physicians and Surgeons of Manitoba and many rural physicians throughout the province have indicated that such on-call responsibilities are excessive and that the goal should be 1:5 on-call rotations in which doctors are on call only one day out of every five.
* To achieve an on-call rotation of 1:5, there may need to be six physicians in a medical practice. This would allow physicians to continue their medical education or take vacations.
* In some cases, smaller on-call rotations may be necessary for geographic or demographic reasons. For instance, smaller on-call rotations may be necessary in some remote northern communities.

2) Larger group practices are to be encouraged where possible.
Evidence shows that the benefits of a larger group practice include:

* increased support from colleagues;
* reduced work related stress;
* improved ability to handle short-term staffing problems;
* the ability to offer a wider range of practice interests to clients;

* greater teaching and research opportunities for practice group physicians;
* increased exposure by medical students to rural practice settings; and
* improved likelihood of recruiting medical graduates from across Canada.

3) Physicians need appropriate access to specialists.
* New physicians are often not aware of how and where to access specialist services in Manitoba.
* RHAs are encouraged to develop information that will help physicians identify ways of accessing specialists.
* RHAs are encouraged to provide greater access to the Telehealth phone and video service for both health providers and their patients.

4) Rural physicians need opportunities to continue their medical education.
* Physicians have a responsibility to their patients for life-long learning.
* RHAs and physicians should explore the factors that prevent the participation of a physician in continuing medical education such as distance issues and on-call commitments.
* RHAs should encourage greater physician participation in designing education activities and alternative methods of delivering educational programs.

5) Rural doctors need improved access to 'locum tenens' services to ensure adequate relief is available.
* Locum tenens services provide communities with relief medical services when doctors continue their medical education or take vacation/leave.
* RHAs should collaborate with the University of Manitoba, Northern Medical Unit and Manitoba Medical Association (MMA) to develop and enhance the existing locum tenens program.

6) Rural physicians new to the province require better orientation to the Manitoba health care system.
* RHAs should be encouraged to work together with the University of Manitoba to develop an orientation program for physicians new to the province.

7) Physicians should be encouraged to develop specialized skills.
* RHAs should work with clinical practice groups to encourage the development of personal medical interests.
* RHAs should be encouraged to work with the University of Manitoba to identify courses that physicians can take to further their knowledge of chosen areas of interest.
* This principle would be facilitated by a move to larger practice groups.

8) Spouses of physicians should be assisted in finding employment.
* RHAs should continue to work with local municipalities and councils to identify possible employment opportunities for a spouse prior to relocation.

9) There should be flexibility in how rural physicians are paid.

* RHAs are encouraged to work with Manitoba Health and the MMA to develop new methods of remuneration that will meet the challenges of new service models within current fiscal realities.

Initiatives to improve rural health services and support rural physicians are already underway. Some of these initiatives include:

* Implementation of the five-step Rural Physician Action Plan which includes increased recruitment of rural students into medicine, increased undergraduate exposure to rural practice, additional opportunities for residents to train in rural practices and restructuring of medical education for rural practitioners.
* Creation of the Office of Rural and Northern Health.
* Establishment of a Co-ordinated Rural Physician recruitment office under the auspices of the Regional Health Authorities of Manitoba.
* Implementation in 2001 of the Medical Student/Resident Financial Assistance Program which provides grants to doctors in training who commit to work in Manitoba. Additional grants are provided to doctors in training who commit to work in rural Manitoba.
* Implementation in 2001 of the Medical Licensure Program for International Medical Graduates which assists foreign trained doctors in obtaining their medical licence to practice in Manitoba. These doctors must work in a rural area. Eighteen are already practising in rural Manitoba.
* Increased diagnostic equipment across rural Manitoba.
* Telehealth initiative for increased rural access to specialists. There are now 24 Telehealth sites across Manitoba.
* Fifteen additional spaces in Manitoba's medical school. In 2004, there are almost 100 more doctors in training in Manitoba than there were five years ago.
* Increased residency posts including positions in rural family medicine.